| | nied 02/22/2006 Page 1 01 1 |
|---|--|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Deli |
| Print your name and address on the reverse | |
| so that we can return the card to you. | C. Signature |
| Attach this card to the back of the mailbiece, or on the front if space permits | / x) HIAN HIAN C - Agent |
| | D./Is delivery address different from item 1? |
| 1. Article Addressed to: | If YES, enter delivery address below: |
| Wa Men Zhang | |
| 62018m avenue | |
| | |
| Brooklyn Ny 11220 | |
| 1 / O HARO | 3. Service Type ☐ Certified Mail ☐ Express Mail |
| | ☐ Registered ☐ Return Receipt for Merchan |
| | ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Copy from service label) | 7002 0860 0004 4075 6452 |
| PS Form 3811, July 1999 Domestic | Potum Possint |
| | 102595-00-M-0 |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delive |
| Print your name and address on the reverse // | C. Signature |
| so that we can return the card to you. Attach this card to the back of the mailpiece, | Thursday of the Hagent |
| or on the front if space permits. | Address |
| . Article Addressed to: | D. s delivery address different from item 1? Yes |
| lossed cale of Up of hand | If YES, enter delivery address below: No |
| elder a Karregree | |
| Legend Cafe & Kark of 1887 | The state of the s |
| Brooklyn, NY 1/200 | |
| proof, Ny 1128005 FOR | 3. Service Type |
| | Express Mail |
| | ☐ Registered ☐ Return Receipt for Merchand |
| | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Copy from service label) | _ |
| | 7002 0860 0004 4075 6667 |
| PS Form 3811, July 1999 Domestic Re | eturn Receipt 102595-00-M-09 |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | 1 |
| Complete item 7, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Denv |
| Print your name and address on the reverse | |
| so that we can be with the called to you. | C. Signature |
| Attach this card to the back of the mailpiece, or on the dint if space permits. | X MUAN XIIVIL Address |
| I. Article Addressed to: | B Is delivery address different from item 1? ☐ Yes |
| | If YES, enter delivery address below: No |
| Wei Hao di | |
| 6201 8m Avenue Brooklyn, NY 11220 | |
| b 11 | |
| brooklyn, NY 11220 | 3. Service Type |
| 0 / 5 | Certified Mail |
| | ☐ Registered ☐ Return Receipt for Merchand |
| | ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Copy from service label) | 7002 0860 0004 4075 644 |